

IN THE UNITED STATES
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PATENT APPLICATION

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Applicant(s): **Robert G. Dandrea**
Serial No.: **09/940,728**
Examiner: **Choi, Woo H.**
Filed: **August 28, 2001** Group Art Unit: **2186**
Confirmation #: **5136** Case: **DIVA/312**
Title: **METHOD AND APPARATUS FOR STRIPING DATA ONTO A PLURALITY OF DISK DRIVES (as amended)**

Mail Stop Amendment
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

SIR:

RESPONSE UNDER 37 C.F.R. §1.111

In response to the non-final Office Action mailed May 27, 2004 (Paper No. 5), please consider the above-identified patent application as follows.

PTO/SB/21 (04-04)

Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/940,728
		Filing Date	8/28/01
		First Named Inventor	Dandrea
		Art Unit	2186
		Examiner Name	Woo H. Choi
Total Number of Pages in This Submission		Attorney Docket Number	TVG 312

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
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<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

Remarks

It is believed no fee is due. However, in the event a fee is due, kindly charge that fee to Deposit Account No. 20-0782. To facilitate that charge, a duplicate copy of this letter is enclosed.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Eamon J. Wall, Reg. No. 39,414 Moser, Patterson & Sheridan, LLP
Signature	
Date	8/25/04

CERTIFICATE OF TRANSMISSION/MAILING

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